

VENDORS LICENSE APPLICATION

REQUIRED DOCUMENTS

(Please return this page along with the following information with the Vendors License Application)

- _____ State of Delaware Business License (current year)
- _____ Copy of Valid Driver's License
- _____ Copy of Vehicle Registration Information
Indicating:
 - Year
 - Make & model
 - Color
- _____ Letter of authorization from company being represented
 - Name, address & title of company officer
 - Type(s) of articles, devices, subscription, services or contracts being sold
 - Length of time to be registered
- _____ Criminal Background History (*with the report sent to the Code Official*)
 - Delaware State Bureau of Identification. (302) 739-5871
- _____ **For Mobile Food Vehicles:** Valid Food Establishment Permit from Delaware Department of Health and Social Services Division of Public Health and any inspections reports
- _____ Vendors License Application Form

PLEASE NOTE:

*Where a person submits an application, and has one or more helpers, all applicable personal information specified above shall be given for each helper, and an individual license shall be required for each helper. **No license issued shall be transferable from one person to another.***

VENDORS LICENSE APPLICATION

Vendor

Mobile Food Vehicle

Special Event

Trade Name of Business _____

Name of Owner **and** Applicant _____

Drivers License Number & State _____

Mailing Address of Business _____

Telephone Number _____

Email Address: _____

Principal Type of Sales _____

Federal Employer Identification Number _____

Year, Make, Model of Vehicle & Color _____

License Plate Number & State _____

Door to Door Sales? **Y** or **N** Age: _____ Do you have a Criminal Record? **Y** or **N**

If No, what location will you be set up at? _____

Please mail or present this application, together with the required documents and appropriate fee of
January - June **\$50** /// July - December **\$25** made payable to:

City of Milford
180 Vickers Drive
Milford, DE 19963
302-424-8396

The undersigned applicant acknowledges that by signing below all information provided is true and further states that he/she is knowledgeable of and has complied with and will continue to comply with all ordinances of the City and State of DE, as they apply to his/her sales.

Applicant Signature: _____ Printed: _____

OFFICE USE ONLY:

Received By: _____ Date: _____ Check #: _____ Amount: _____

cc: Milford PD

*****Please provide copy of DRIVERS LICENSE & VEHICLE REGISTRATION*****